ISSUE SLIP STAPLE AREA (for additional cross references) **POSITION** ID NO. DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW **INDEX OF CLAIMS** Rejected N Non-elected Allowed IInterference (Through numeral)... Canceled Appeal Restricted O Objected Claim M Claim Date Date Claim Final Final Original Final Original 6 4 .11 h29 30 /

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If more than 150 claims or 10 actions staple additional sheet here

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